Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.						AUTHORIZ					
								API No.			
KOCH EXPLORATION COMPANY							30-045-27982				
Address							L	20 0 1 2 2	7,702		
	lichita,	KS 6	7201	-2256							
Reason(s) for Filing (Check proper box) New Well		Channa !	T	A E.	[] O	her (Please expla	in)				
Recompletion	Oil	Change in 1	i ranspor Dry Gas								
Change in Operator	Casinghead	`	Condens								
If change of operator give name		0	CONGCIA	SACE			*****				
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name	Well No. Pool Name, Including							lease	1 - Caraftere		
Gardner	C-1 Basin Fru			itland Coal			Federal MARKI	SF-07	9048-A		
Location M	: 80	0			~ + h	o.	25				
Unit Letter M	_ :	<u> </u>	Feet Fro	m The S	outii [ine and8	<u> 25 Fe</u>	et From The	west	Line	
Section 35 Townshi	, 32N	-	Range	9W		NMPM,	San Ju	ıan		County	
III DEGIGNATION OF TRANS						_					
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Condens) NATU		ive address to wi	iah ammanad	anny of this f			
in the second se		or consen			Nousess (O	ive address to wr	uch approved	copy of this j	orm 15 10 0e se	nu)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
no contract at this time NW p. peline					n/a						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.		is gas actually connected? Whe						
give location of tanks. n/a If this production is commingled with that	<u> </u>	l				no		unk	nown		
IV. COMPLETION DATA	irom any oune	r lease or p	2001, grv	e comming	ing order nu	mber:		· · · · · · · · · · · · · · · · · · ·			
		Oil Well		jas Well	New We	I Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	i	i	X .	i		1			1	
Date Spudded	1 .	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
12-10-90		3-10-91				3528 TVD			open hole		
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
6610' GR Fruitland Coal					3117'			3054.5'			
open hole								Depth Casing Shoe			
901. 11010	T	UBING.	CASIN	NG AND	CEMENT	ING RECOR	.D	<u>'</u>			
HOLE SIZE	CASING & TUBING SIZE 1				: DEPTH SET			SACKS CEMENT			
12-1/4"	9-5/8	9-5/8" csg			222'			176 sx ClA			
8-3/4"		7" csg			3077'			506 sx Lite, 100 sx CIA			
	2-3/8" tbg				3054.5'						
V. TEST DATA AND REQUE:	T FOR A	LLow	RLE		<u> </u>						
OIL WELL (Test must be after t				oil and musi	be equal to	or exceed top all	owable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes		<u></u>			Method (Flow, p			<i>p</i> (- ^-	
					1			114.1			
Length of Test	Tubing Pres	g Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Total Note	Ca. MCE		
rectal from Daning Feet								ON CON. DIV			
GAS WELL	<u> </u>				1				DIS1. 3		
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate		
shut-in									The second secon		
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
	1455#				1460#						
VI. OPERATOR CERTIFIC				1CE			JOEDV	MTION	חועופומ	NI.	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					OCT 2 8 1992						
1011	•				Da	ite Approve	ea		•		
Sandage Rollinge						By But Chang					
Signature Randolph B. Whipple Prod. Admin. Coordinator					ll RA						
Printed Name From Admin. Coordinator					SUPERVISOR DISTRICT #3 Title						
10-5-92 316-832-5345					Int	ıe					
Date		Tele	phone N	√lo .							
							•				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.